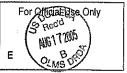
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/365	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas G Koehler	Name IBEW Local Union 160		
	Labor Organization File Number 222-522		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 9764 Washburn Ave. N	Street 2522 Marshall Street NE		
City Brooklyn Park	City Minneapolis		
State Minnesota ZIP Code + 4 55444-1016	State Minnesota ZIP Code + 4 55418-3329		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	usions set forth in the instructions):		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4	Secretaria de la compansión de la compan		
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the hest of the		
Signed Thomas & Kocker			

Name of Person Filing Thomas Koehler	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	T-1000-04-04-04-04-04-04-04-04-04-04-04-04-	
Name Foster Wheeler Twin Cities, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust		
Street 2701 University Ave. SE, Suite 105	C. Employer		
City Minneapolis State Minnesota ZIP Code + 4 55414-3231			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Collective Bargains Agreement between the jarties		
Street			
City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received. Training of apprators d Breakfast meeting Bob Bastian March 24, 2004	iscussion	
	12.b. Amount.	ppx. \$8,20	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14,a. Nature of payment.	Total of a shaper Makes speed, a representation of the last last last last last last last last	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Street		TO COLUMN TO SOUTH	
City			
State ZIP Code + 4	and the second of the second o		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		